

TRANSMITTAL FORM

	Application Serial Number	09/491,969
	Filing Date	1/27/00
	First Named Inventor	Spangler
	Group Art Unit	3729
	Examiner Name	Trinh, Minh
	Attorney Docket No.	ACX-128 (180/29)

ENCLOSURES (check all that apply)

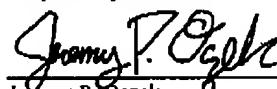
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets 4] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of SIDS Citations (A54-A63) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Response to Restriction Requirement
--	--	--

CORRESPONDENCE ADDRESS**SIGNATURE BLOCK**

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

Date: May 3, 2002
 Reg. No. 50,794
 Tel. No.: (617) 310-8158
 Fax No.: (617) 248-7100

Respectfully submitted,


 Jeremy P. Oczek
 Attorney for Applicant(s)
 TESTA, HURWITZ & THIBEAULT, LLP
 125 High Street
 Boston, MA 02110

2262081